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Region

Programs

Child Care Food  
Program

# Eligibility Classifications and Enrollment Data for the Child Care Food Program

## APPLICATION FOR FREE AND REDUCED PRICE CCFP MEALS

NAME OF CHILD

☐ FOSTER CHILD  
benefits regardless  
child, contact the

SPONSOR/CENTER

children are eligible for  
applying for a foster

CHILDREN

USDA FNS CHILD CARE FOOD PROGRAM

### INCOME ELIGIBILITY GUIDELINES FOR FREE AND REDUCED PRICE MEALS

Effective Date July 1, 1988 - June 30, 1989

#### PART 1 - HOUSEHOLDS RECEIVING

If you are NOW receiving food stamps  
Do not complete PART 2, but go on

☐ YES, I received food stamps or  
child this month and want free

#### PART 2 - ALL OTHER HOUSEHOLDS

If you did not give a food stamp  
application or your application is  
HOUSEHOLD MEMBERS: List

SOCIAL SECURITY NUMBER:

INCOME: List all income received  
income BEFORE  
total monthly income

LIST ALL HOUSEHOLD MEMBERS:

Name

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_

#### PART 3 -

RACE: F

of you  
this question  
sure that everyone  
fair basis.

PENALTIES FOR  
MISREPRESENTATION:

I certify that all of the above given  
that this information is being given  
the information on the application; and  
me to prosecution under applicable State and  
can be approved.

SIGNATURE:

SIGNATURE OF ADULT

PRINTED NAME OF ADULT

DATE SIGNED

HOME ADDRESS

HOME TELEPHONE

WORK TELEPHONE

FAMILY SIZE	YEARLY	FREE MEALS		REDUCED PRICE MEALS		
		MONTHLY	WEEKLY	YEARLY	MONTHLY	WEEKLY
1	7,501	626	145			
2	10,049	838	194	10,675	890	206
3	12,597	1,050	243	14,301	1,192	276
4	15,145	1,263	292	17,927	1,494	345
5	17,693	1,475	341	21,553	1,797	415
6	20,241	1,687	390	25,179	2,099	485
7	22,789	1,900	439	28,805	2,401	554
8	25,337	2,112	488	32,431	2,703	624
For each additional household member, add:		+2,548	+213	+3,626	+303	+70

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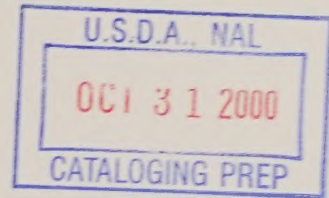
Revised July 1988



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HANDBOOK FOR DETERMINING ELIGIBILITY CLASSIFICATIONS  
AND MAINTAINING ENROLLMENT DATA FOR  
THE CHILD CARE FOOD PROGRAM

Mid-Atlantic Region  
Food and Nutrition Service, USDA  
Child Care Food Program Unit  
Special Nutrition Programs  
Revised July 1988

All meals served to children under the Child Care Food Program are served at no separate charge regardless of race, color, sex, age, handicap or national origin. Any complaints of discrimination should be submitted in writing to the Secretary of Agriculture, Washington, D.C. 20250.





### Acknowledgements

This publication has been prepared by the staff of the Child Care Food Program Unit of the Mid-Atlantic Region of the Food and Nutrition Service, and has been designed for use by sponsors and centers participating in the Child Care Food Program in the State of Virginia. This handbook was originally issued in 1984 and was revised previously in July 1986. This revision, dated July 1988, reflects current regulation and policy. All prior editions should be discarded.

The cover for this publication was designed by Marian Wig.





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## I. INTRODUCTION

As the Agency responsible for administering the Child Care Food Program (CCFP) in Virginia, the Mid-Atlantic Regional office has the responsibility to identify program areas in which CCFP participants are experiencing difficulty and to provide technical assistance necessary to eliminate such problems. In recent years, audits and administrative reviews conducted of CCFP institutions have revealed the need for increased guidance concerning the classification and maintenance of income eligibility statements for children enrolled in participating day care centers and day care homes. This handbook has been developed to address this need and to improve CCFP administrators' understanding of program requirements. As indicated in the Table of Contents, this handbook contains detailed guidance regarding the content of the income eligibility statement and the transmittal letter to parents, the relationship between the income eligibility statements and the USDA Income Eligibility Guidelines, the purpose for and the method of maintaining and updating a master list of enrolled children and the need for monthly reporting of enrollment changes by income eligibility categories to USDA.





## II. PARENT LETTER

A notice or letter must accompany each income eligibility statement distributed to parents or guardians of children enrolled in participating day care centers. For day care home programs, the letter and eligibility statement need only be distributed to day care home providers wishing to claim reimbursement for meals served to their own children.

The regulations require that the income eligibility transmittal letter to parents contain certain information. A sample copy of a parent letter is provided as Attachment A of this handbook. The numbers on the sample letter correspond to the items listed and described below. The required information includes:

(1)a. an explanation that households with incomes less than or equal to the reduced price standards may be eligible for free or reduced price meals;

(1)b. a listing of the USDA Income Eligibility Guidelines for reduced price meals (the income standards for free meals cannot be included in the letter to parents;

(2)a. an explanation that if households receive Food Stamps or Aid to Families with Dependent Children (AFDC) on behalf of a child, then a parent may simply list their Food Stamp or AFDC case number, sign, and date the form;

2(b). a description of how a household may make application for free or reduced price meals for its children including an explanation that, to be considered eligible for free or reduced price meals, an eligibility statement must include the total current household income (itemized by source for each family member), names of all household members, social security numbers of all adult household members age 21 or over or an indication that a household member does not possess one and the dated signature of an adult household member;

(3) an explanation that parents or guardians of children enrolled in a center which benefits from the determination of free or reduced price eligibility for meals, or family day care providers applying for benefits for their own children, must notify appropriate institution representatives during the year of any decreases in household size or increases in income which exceed \$50 per month or \$600 per year;





(4) an explanation that parents or guardians of children enrolled in a center which benefits from the determination of free or reduced price eligibility for meals, or family day care providers applying for benefits for their own children, who become unemployed, are eligible for free or reduced price meals during the period of unemployment, provided that the loss of income causes the family income during the period of unemployment to be within the eligibility standards for those meals;

(5) a statement to the effect that in certain cases foster children are eligible for free or reduced price meals regardless of the income of the household in which they reside and households wishing to apply for such benefits for foster children should contact center or day care homes officials; please note that, in order to keep the parent letter to a single page, the current sample parent letter does not include this statement; the statement however is included on the income eligibility statement itself; and

(6) a statement concerning CCFP civil rights nondiscrimination requirements and complaint procedures.

In addition to the items required to be contained in the parent letter, the inclusion of the following two items is recommended to reduce the apprehension people experience when requested to provide income information. These items are included in our sample letter to parents.

(1) The fact that income eligibility information collected is necessary solely for USDA to determine the rates of CCFP reimbursement for meals served at centers should be explained. Eligibility determinations do not affect the parents or guardians of enrolled children in nonpricing programs. The family does not directly benefit from the free or reduced price eligibility determination because all enrolled children at a center will receive the same meals at no separate charge. A center will benefit in the form of CCFP rate determinations.

This does not hold true for day care home operations where income eligibility information is only requested from day care providers wishing to claim reimbursement for meals served to their own children. The information is used to determine the eligibility of these meals for reimbursement and can increase the amount of CCFP benefits received by a day care home provider if a free or reduced price eligibility determination is made.

(2) The confidentiality associated with the completion and submission of income eligibility statements should be stressed.



Parents should be advised that the statements will be maintained in files made available only to authorized institution and USDA representatives.

Finally, it is important to remember that the letter to parents must be revised in July of each year due to annual changes in USDA's Income Eligibility Guidelines. Institution officials must ensure that the parent letter is revised at this time to reflect new reduced price income standards.





### III. INCOME ELIGIBILITY STATEMENT

A copy of the income eligibility statement required to be utilized by CCFP institutions in Virginia is included as Attachment B of this handbook. The entries on the statement have been numbered one through fifteen so that each item can be explained or defined below. All of the items are required by program regulations or as a matter of policy by this office to ensure compliance with regulatory provisions and to simplify reporting procedures. Read each item carefully to ensure you understand the information being requested and the reason why it is being requested.

Item 1: **NAME OF CHILD FOR WHOM APPLICATION IS MADE:** The first and last name of the child enrolled at the center/home must be listed on the statement. Enrollment and attendance data maintained at centers/homes should agree with the names cited on the statements. Please note that only one child may be listed per income eligibility statement. Families with more than one child enrolled must complete a statement for each child.

Item 2: **SPONSOR/CENTER:** The name of the institution where the child is enrolled must be listed here.

Item 3: **FOSTER CHILDREN:** If the income eligibility statement is being completed for a foster child, the entry in Item 3 should be checked and the following guidelines adhered to for purposes of determining the child's family size and income.

A foster child is the ward of a court or welfare agency placed in residence in a private household. Since the court or agency retains legal responsibility for such a child, the foster home is, in fact, an extension of that agency and the foster child is considered a family of one. For purpose of determining income, only the following funds shall be considered:

1. Funds received from a welfare agency which can be identified for the personal use of the child. Where funds provided by the welfare agency are specified by category, i.e. funds for shelter and care; special needs funds; and funds for personal needs such as clothing, school fees, allowances, etc., only those funds that can be identified as personal use funds shall be considered as income. When such funds cannot be identified, no portion of the funds provided by the welfare agency shall be considered as income;

2. Money received in hand from any source. This includes, but is not limited to, funds received from trust accounts, monies provided by the child's family for personal use and earnings from





employment other than occasional or part-time jobs (e.g. paper routes, babysitting).

Confirmation of the court or welfare agency's legal responsibility for the foster child and the funds provided by the agency for the personal use of the child would be required to support the information on the income eligibility statement.

A child who is not legally designated as a foster child by virtue of being an official ward of the court and/or welfare agency, does not qualify as a "foster child" for purposes of the CCFP. Such children are considered part of the entire family economic unit for purposes of determining eligibility in the CCFP.

A foster child residing in a family day care home must meet the same requirements. For example, a child who qualifies as a foster child who resides in a family day care home, may be claimed as the provider's own child, but the income eligibility statement submitted for that child would list the child as a family of one. A child residing in a family day care home who does not qualify as a foster child (i.e. a child who is not legally designated as a foster child by virtue of being an official ward of the court and/or welfare agency) would be considered as part of the provider's family unit for purposes of submitting an income eligibility statement.

Item 4: **PART 1 - HOUSEHOLDS RECEIVING FOOD STAMPS OR AID TO FAMILIES WITH DEPENDENT CHILDREN:** If the parent or guardian checks "Yes" to receiving Food Stamps (FS) or Aid to Families with Dependent Children (AFDC) for the child listed in item 1, then they must enter the FS or AFDC case number, and skip to item 7, Part 3 of the Income Eligibility Statement. If the parent or guardian checks "Yes" but does not provide the appropriate case number, then the statement must be classified in the "paid" category until the case number is obtained.

Item 5: **PART 2 - ALL OTHER HOUSEHOLDS:** Unless a parent or guardian reports a FS or AFDC case number, they must complete all entries in this section to determine free or reduced price eligibility.

Item 5(a): **NAMES OF ALL OTHER HOUSEHOLD MEMBERS:** The first and last names of all household members, including the child listed in item 1, must be listed. For the purposes of the CCFP, a household is defined as a group of related or nonrelated individuals who are not residents of an institution or a boarding house, but who are living as one economic group. Students who are temporarily away at school should be counted as members of the household.



Item 5(b): **AGE:** The age of all household members must be listed. This item is not regulatory but is requested so compliance with the regulatory CCFP age limitation requirement can be ascertained. Children enrolled at centers/homes are only eligible for CCFP benefits if they are twelve years of age and under. However, the age restriction for children of migrant workers is fifteen years of age and under, and there is no age restriction for handicapped individuals enrolled at a center/home in which more than 50% of the children enrolled are age eighteen and under.

Item 5(c): **SOCIAL SECURITY NUMBER:** Each household member age 21 and older listed in item 5(a) must have listed a corresponding social security number or an indication that a particular family member does not have a social security number, in which case the word "none" must be entered.

Items 5(d)(e)(f)(g): **HOUSEHOLD INCOME:** The amount of current income for all members of the household listed must be entered in Items 5(d)(e)(f)(g) by appropriate source. Current income for CCFP purposes is defined as income received during the month prior to the time the income eligibility statement is completed. If such income does not accurately reflect the household's income then income must be based on the projected annual household income. If the prior year's income provides an accurate reflection of the household's annual income, the prior year's income, divided by twelve (12), may be used as a basis for the monthly household income. The use of projected income for the current year addresses a number of situations such as seasonal workers or farmers who may have an unrepresentative income the month prior to the month the income eligibility statement is completed. Since item 5(h) requests a figure for total monthly income, every effort must be made to provide the information as a monthly dollar amount. If the income reported is from more than one source, such as wages and child support, make sure the entries for wages and child support for all household members equal the entry for total monthly income in item 5(h).

Item 6: **PART 3 - ALL HOUSEHOLDS:** This section of the income eligibility statement requests that parents identify the racial/ethnic category of the child. Completion of this information is **NOT MANDATORY** and the failure to complete this information shall not affect the classification of eligibility category. Space has been provided on the income eligibility statement to collect racial/ethnic category data to facilitate a center's or sponsor's compliance with Civil Rights data collection responsibilities. If a parent declines to provide





this information, then the center or sponsor should make the determination based upon observation.

Item 7: **CERTIFICATION STATEMENT:** The adult household member completing the income eligibility statement must attest to the fact that the information provided is correct, that it is being given in connection with the receipt of Federal funds, that it is subject to verification and that the deliberate misrepresentation of facts will subject the individual to prosecution under applicable State and Federal statutes.

Item 8: **SIGNATURE OF ADULT HOUSEHOLD MEMBER:** The signature of the adult household member completing the income eligibility statement must be provided.

Item 9: **HOME ADDRESS:** The complete address of the household must be provided.

Item 10: **PRINTED NAME OF ADULT:** The printed name of the adult household member completing and signing the income eligibility statement must be provided.

Item 11: **DATE:** The date the income eligibility statement is completed and signed must be entered. This data is not required by regulations, but is required by this office to determine the institution's compliance with the regulatory requirement that income eligibility information be collected on an annual basis. If the statement is not dated, it cannot be determined if the statement on file is more than one year old.

Items 12 & 13: **HOME AND WORK TELEPHONE NUMBERS:** This information is not required, however it is requested that this information be provided for the adult household member completing and signing the income eligibility statement, to facilitate a response to any questions by the institution or the collection of any missing information that may be needed.

Item 14: **PROVISION OF SOCIAL SECURITY NUMBERS:** This statement is required by regulations and its purpose is to inform individuals whether disclosure of social security numbers is mandatory or voluntary, by what statutory or other authority such information is solicited, what uses will be made of the information, and the consequences of not providing the social security numbers.



Item 15:    **INFORMATION TO BE COMPLETED BY INSTITUTION:**    This information is not required by regulations, but is required by this office because it assists institution representatives in maintaining complete and accurate records. The center/sponsor representative reviewing the income eligibility statement must indicate the income eligibility category in which the child has been classified, his/her signature and the date the income eligibility classification determination was made. The annotation of the income eligibility classification determination must then be transferred to the master enrollment list, which is discussed later in this handbook.





#### IV. USDA INCOME ELIGIBILITY GUIDELINES

The USDA Income Eligibility Guidelines, issued in July of each year, are the basis for income eligibility determinations in the CCFP. The income guidelines in effect for the period July 1, 1988 through June 30, 1989 are included as Attachment C of this handbook.

Income eligibility determinations are made by counting the names of all household members (Item 5a) and total household income (Item 5h) and comparing them to the family size and income data on the Income Eligibility Guidelines (Attachment C).

The Income Guidelines must be used as the basis of all eligibility determinations for children enrolled at centers/homes in the CCFP. When new guidelines are issued July 1 of each year, day care center institutions must rereview and reclassify if appropriate all income eligibility determinations for all currently enrolled children. Sponsors of family day care homes must advise all of their providers that they may reapply for benefits for their own children based upon the revised income guidelines, if eligibility had previously been denied based upon the old guidelines. The current income guidelines must be used for determining eligibility for all new enrollees, or enrollees renewing their income eligibility statements. Remember that all current enrollees must provide a new income eligibility statement at least once every twelve months. Income eligibility statements that are more than one year old must be classified in the paid category until a new statement is obtained.

It is important to note here that the USDA Income Eligibility Guidelines and the CCFP income eligibility statement are the only means by which income eligibility classifications for the CCFP can be determined. Other sources of obtaining income and family size information regarding enrolled children, such as Title XX or Head Start registration forms, cannot be used instead of the CCFP eligibility statement nor can Title XX or Head Start eligibility guidelines be used in place of the USDA Income Eligibility Guidelines. Definitions for household members and family income vary for other programs and application of information obtained from any source other than the CCFP eligibility statement and the USDA Income Eligibility Guidelines could result in an incorrect CCFP income eligibility classification.

Furthermore, it cannot be assumed that because an enrolled child is eligible for Title XX or Head Start benefits, he/she is also eligible for free or reduced price meals under the CCFP. A CCFP eligibility statement must be completed for all enrolled children, and the USDA Income Eligibility Guidelines must be utilized to determine eligibility. If a Head Start or Title XX beneficiary is a recipient of Food Stamp (FS) or Aid to Families with Dependent Children (AFDC) benefits, and the FS or AFDC case



number is reported, an income eligibility statement must still be completed. However, the household is not required to report income or family size information (Part 2 of the Income Eligibility Statement), and the child may be classified in the free eligibility category. If a Head Start of Title XX beneficiary is not a recipient of FS or AFDC benefits, then the entire income eligibility statement must be completed.





## V. CLASSIFYING INCOME ELIGIBILITY STATEMENTS

Adherence to the following procedures when reviewing and classifying income eligibility statements for enrolled children is extremely important (please refer to Attachment B, Income Eligibility Statement).

### FOOD STAMP (FS) AND AID TO FAMILIES WITH DEPENDENT CHILDREN (AFDC) BENEFICIARIES ONLY

1. FS and AFDC beneficiaries must ensure that the following items, at a minimum are completed: the child's name (item 1), a check in the box (item 4) indicating that the child is a FS or AFDC beneficiary, the FS or AFDC case number, the signature of the adult household member (item 8), and the date the statement was signed (item 11). If these items are properly completed, the child should be classified in the free category. If the above items have not been properly completed, the child must be classified in the "paid" category until the information is obtained.

2. Check the appropriate box in item 15 which reflects the child's income eligibility classification, sign the form, and enter the date the determination was made. This is important because when the income eligibility guidelines are revised in July, the child's eligibility classification may change. If a reclassification is required, then the date of the redetermination must be appropriately entered on the eligibility statement.

The effective date of a child's eligibility classification may be considered the first day of the month in which the institution representative makes the income eligibility classification determination.

3. The following items should also be completed, but the classification of eligibility need not be withheld pending receipt of the information: sponsor/center (item 2), home address (item 9), printed name of adult household member signing statement (item 10), home telephone (item 12), and work telephone (item 13). The completion of the civil rights racial/ethnic category data (item 6) is voluntary on the part of the household, but if the household does not provide the information, the institution must record the information based upon observation.



**ALL OTHER HOUSEHOLDS**

1. Check to make sure the first and last name of the enrolled child is entered in item 1 and item 5a, and the age of the enrolled child is entered in item 5b.
2. Check that for each household member age 21 and over listed in item 5a, either a social security number is provided in item 5c, or there is an indication that a particular household member does not have a social security number.
3. Verify that the income data listed in items 5d, 5e, 5f, and 5g correctly add up to the total monthly income listed in item 5h.
4. Ensure that the income eligibility statement has been signed and dated by an adult household member (items 8 and 11).
5. If everything in steps 1 through 4 above is complete and accurate, then an income eligibility classification determination can be made. Add up the total number of household members listed in item 5a, including the enrolled child for which the income eligibility statement has been submitted, and locate the appropriate family size figure on the USDA Income Eligibility Guidelines (Attachment C) for free meals. If the total monthly household income (item 5h) is less than or equal to the income figure for free meals for the family size in question, the child must be classified in the "free" eligibility category. If the total monthly income is greater than the income figure for free meals for the family size in question, look at the family size in question on the USDA Income Eligibility Guidelines for reduced price meals. If the total monthly household income is less than or equal to the income figure for reduced price meals for the family size in question, then the child must be classified in the "reduced" eligibility category. If the total monthly income is greater than the income figure for reduced price meals for the family size in question, then the child must be classified in the "paid" eligibility category, i.e. not eligible for free or reduced price meals.
6. Check the appropriate box in item 15 which reflects the child's income eligibility classification, sign the form, and enter the date the determination was made. This is important because when the income eligibility guidelines are revised in July, the child's eligibility classification may change. If a reclassification is required, then the date of the





redetermination must be appropriately entered on the eligibility statement.

The effective date of a child's eligibility classification may be considered the first day of the month in which the institution representative makes the income eligibility classification determination.

7. The following items should also be completed, but the classification of eligibility need not be withheld pending receipt of the information: sponsor/center (item 2), home address (item 9), printed name of adult household member signing statement (item 10), home telephone (item 12), and work telephone (item 13). The completion of the civil rights racial/ethnic category data (item 6) is voluntary on the part of the household, but if the household does not provide the information, the institution must record the information based upon observation.

It is important to note that the income eligibility statement of a child must be classified in the "paid" category whenever any one of the following conditions exist.

1. The parent does not complete an income eligibility statement. In such cases, there must be at least an enrollment form on file for the child. A sample enrollment statement is provided as Attachment F of this handbook.

2. The income eligibility statement provided by the household does not contain complete and/or accurate information, as stipulated in the instructions above. In such cases, the child may be reclassified in the appropriate eligibility category, once the missing or corrected information is received.

Remember that information for classifying a foster child is provided in this handbook in the above section regarding the income eligibility statement. The guidance explains how a foster child whose legal guardian is considered to be the court of the State is considered a family size of "one". The guidance further explains how to determine the monthly income of this family of one. However, if a child is adopted by a family or included in a household without the legal authority of the State, then the child is considered part of the total household economic unit for purposes of making income eligibility classification determinations.



## VI. MASTER LIST OF ELIGIBILITY CLASSIFICATION OF ENROLLED CHILDREN

The purpose of collecting income eligibility statements and making income eligibility determinations for children enrolled at day care centers is to provide the results of classification efforts to USDA for purposes of CCFP claiming percentage determinations. Since the number of free, reduced and paid children at a center directly affects the CCFP reimbursement rates computed for that center, the current monthly enrollment must be indicated in Item 12 of each claim for reimbursement (see Attachment E).

To track enrollment at institutions and ensure accurate reporting each month the use of a Master Enrollment List (please refer to Attachment D) is necessary. The name of each child enrolled at the center and the date each child enrolled must be the first two entries on this list. Based on the family size and income information for children whose statements have been properly completed, the resulting income eligibility classification (free, reduced, or paid) should be transferred to the master list next to the enrolled child's name. Any children without an income statement or with an incomplete statement must be listed as paid.

The last piece of information necessary to properly maintain this list would be the date a child withdrew from the center. A line should be drawn through the child's name and other data concerning the child's income eligibility category.

We recommend that family size and monthly household income also be included on the master list. Remember however that this information is confidential, and access to this information should be restricted. If a child has been categorically classified as free based upon Food Stamp (FS) or Aid to Families with Dependent Children (AFDC) benefits, then an indication of "FS" or "AFDC" and the appropriate case number should be recorded in lieu of the income and family size data. We also suggest that the list be prepared in alphabetical order at the beginning of each fiscal year, with children enrolling later added to the list chronologically as they enroll. If your center experiences a high turnover of children, then new master lists can be started at more frequent intervals.

Each month the list should be reviewed and a determination made of the total number of children enrolled at the center and income eligibility breakdown of this total. Please remember that if a child was enrolled and participating for even one day in the month, he or she must be included in the total enrollment figures for that month. Head Start Centers which have home based children coming to the center to eat several days a month, must have income eligibility statements for these children, and must include these children in their master enrollment totals. The





meals served to home based children may only be claimed for reimbursement on those days when they eat at the center.



## VII. RECORD RETENTION REQUIREMENTS

Please be reminded that all records pertaining to an institution's CCFP participation must be retained for a period of three years following the close of the fiscal year to which they pertain. For purposes of the information discussed in this handbook, required records include CCFP eligibility statements for all enrolled children (even if they withdrew from the center), enrollment statements for children lacking income eligibility statements, master list of eligibility classifications, and copies of CCFP claims submitted for reimbursement.

It is also strongly recommended that institutions maintain an active and inactive file for eligibility statements collected during a fiscal year (October through September). Statements of children who enroll but then withdraw from the center during the fiscal year should be retained in the inactive CCFP file for the year. Statements for children who enroll and remain at the center throughout the entire fiscal year, should be retained in the active CCFP file for the year. The master list of eligibility classifications should reflect the names of all children enrolled during the fiscal year, whether active or inactive.

Please remember that the information provided by households on income eligibility statements is considered confidential. Therefore, access to this information should be limited to institution personnel with a need to know, FNS-USDA and Office of the Inspector General, USDA personnel only.

IF YOU HAVE ANY QUESTIONS CONCERNING THE MATTERS DISCUSSED IN THIS HANDBOOK OR ANY OTHER ASPECT OF CCFP ADMINISTRATION, PLEASE FEEL FREE TO CONTACT THE CCFP UNIT AT (609)259-5139.





ATTACHMENT A

SAMPLE PARENTS LETTER FOR NON-PRICING INSTITUTIONS  
CHILD CARE FOOD PROGRAM

Dear Parent or Guardian:

(2a) Please help us comply with the requirements of the U. S. Department of Agriculture's Child Care Food Program (CCFP). Complete, sign and return the attached statement as soon as possible. This information is necessary so that we may receive CCFP reimbursement for the meals served to children in our program. This form will be placed in our files and treated as confidential information. All children enrolled in our program receive their meals free of charge, but the determination of eligibility category affects the amount of federal funding received by our center. If you receive Food Stamps or Aid to Families with Dependent Children (AFDC) on behalf of your child, then you may list either your Food Stamp case number or your AFDC case number. In addition, you must sign and date the statement at the bottom of the form.

(2b) If a Food Stamp or AFDC case number is not reported, an eligibility statement must contain complete documentation of information including the total current household income, names of all household members, social security numbers of all adult household members 21 years of age or older, (if an adult household member does not have a social security number, then "None" must be indicated on the application), the signature of an adult household member and the date the form was completed. The Department of Agriculture defines a household as a group of related or unrelated individuals (not residents of an institution or boarding house) who are living as one economic unit (i.e. sharing living expenses). Therefore, the income reported on the application must include the gross income of all members of your household.

(1a) The income which you report must be the total gross income listed by source for each household member received by your household last month. If last month's income does not accurately reflect your circumstances, you may provide a projection of your current annual income, and you may use last year's income as a basis for making this projection if no significant changes have occurred. If your household's income is equal to or less than the amounts indicated for your household's size on the chart on the back of this page, the center receives a higher level of federal reimbursement.

(3) You are required to notify us if your income increases during the year. Any decreases in household size or increases in income which exceed \$50 per month or \$600 per year must be reported. If



(4) you list a food stamp or AFDC case number, you must notify us when you no longer receive food stamps or AFDC benefits for your child. Similarly, you should notify us if you become unemployed and the loss of income during the period of unemployment causes your family income to be within the eligibility standards.

(6) All meals served to children under the Child Care Food Program are served free regardless of race, color, sex, age, handicap, or national origin. There is no discrimination in admissions policy, meal service, or the use of facilities. Any complaints of discrimination should be submitted in writing to the Secretary of Agriculture, Washington, DC 20250. Thank you for your cooperation.

---

Institution Representative

(16) **INCOME ELIGIBILITY GUIDELINES  
FOR FREE OR REDUCED PRICE MEALS**

Effective from July 1, 1988 to June 30, 1989

<u>Family Size</u>	<u>Annually</u>	<u>Monthly</u>	<u>Weekly</u>
1	\$10,675	\$ 890	\$206
2	\$14,301	\$1,192	\$276
3	\$17,927	\$1,494	\$345
4	\$21,553	\$1,797	\$415
5	\$25,179	\$2,099	\$485
6	\$28,805	\$2,401	\$554
7	\$32,431	\$2,703	\$624
8	\$36,057	\$3,005	\$694
Each Additional Family Member, Add:	+\$3,626	+\$303	+\$70





**APPLICATION FOR FREE AND REDUCED PRICE CCFP MEALS**

(1)

NAME OF CHILD

(2)

SPONSOR/CENTER

(3)

☐ FOSTER CHILD In certain cases foster children are eligible for benefits regardless of your household income. If you are applying for a foster child, contact the sponsor/center for instructions.

**PART 1 - HOUSEHOLDS RECEIVING FOOD STAMPS OR AID TO FAMILIES WITH DEPENDENT CHILDREN**

If you are NOW receiving food stamps or AFDC for THIS child, you may give your food stamp case number or AFDC number. Do not complete PART 2, but go on to PART 3. The application MUST have the signature of an adult.

☐ YES, I received food stamps or AFDC for this child this month and want free meals.

FOOD STAMP CASE NUMBER

OR

AFDC CASE NUMBER

**PART 2 - ALL OTHER HOUSEHOLDS**

If you did not give a food stamp case number or AFDC number, you MUST complete the following information and sign the application or your application cannot be approved.

**HOUSEHOLD MEMBERS:** List the names of everyone living in your household; include yourself and the child listed above. If you need more space, use a separate sheet of paper.

**SOCIAL SECURITY NUMBER:** Print the social security number of each adult age 21 or older. If an adult does not have a social security number, print "none" next to their name.

**INCOME:** List all income received last month on the same line with the person who received it. You must list gross income BEFORE deductions, for taxes, social security, etc. List each amount under the correct title and list total monthly income.

**LIST ALL HOUSEHOLD MEMBERS****MONTHLY INCOME**

Name (Last, First)	Age	Social Security Number	Monthly Earnings from Work (Before Deductions)	Monthly Welfare Payments Child Support Alimony	Monthly Payments from Pensions Retirement Social Security	All Other Income Received Last Month
1.						
2. <u>5a</u>	<u>5b</u>	<u>5c</u>	<u>5d</u>	<u>5e</u>	<u>5f</u>	<u>5g</u>
3.						
4.						
5.						
6.						
7.						
8.						

TOTAL MONTHLY INCOME:

5h**PART 3 - ALL HOUSEHOLDS**

**RACE:** Please check the racial or ethnic identity of your child. You are not required to answer this question. We need this information to be sure that everyone receives benefits on a fair basis.

- ☐ WHITE, NOT OF HISPANIC ORIGIN  
☐ BLACK, NOT OF HISPANIC ORIGIN  
☐ HISPANIC  
☐ ASIAN OR PACIFIC ISLANDER  
☐ AMERICAN INDIAN OR ALASKAN NATIVE

No child will be discriminated against because of race, sex, color, national origin, age or handicap.

**PENALTIES FOR MISREPRESENTATION:**

I certify that all of the above information is true and correct and that all income is reported. I understand that this information is being given for the receipt of Federal funds; that school officials may verify the information on the application; and that deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws. An adult must sign the application before it can be approved.

SIGNATURE:

SIGNATURE OF ADULT

HOME ADDRESS

PRINTED NAME OF ADULT

DATE SIGNED

HOME TELEPHONE

WORK TELEPHONE

If you did not give a food stamp or AFDC case number, Federal Law (PL 97-35) requires you to list social security numbers of all adult household members before your child may receive free or reduced price meals. You do not have to give social security numbers, but if you refuse your child cannot receive free or reduced price meals. The social security numbers may be used to identify you for verifying the information you report on this application. Verification may include audits, investigations, contacting the State employment security office, food stamp or welfare office, and employers, and checking the written information provided by the household to confirm the information received. If incorrect information is discovered, a loss of benefits or legal action may occur. These facts must be told to all household members whose social security numbers are reported on this form.

OR INSTITUTION USE ONLY: ☐ Eligible Free ☐ Eligible Reduced-Price ☐ Not Eligible Free/Reduced-Price

Signature of Institution Official Making Determination:

Date:



**ATTACHMENT C**

**USDA FNS CHILD CARE FOOD PROGRAM**

**INCOME ELIGIBILITY GUIDELINES**  
**FOR FREE AND REDUCED PRICE MEALS**

Effective Date July 1, 1988 - June 30, 1989

FAMILY SIZE	FREE MEALS			REDUCED PRICE MEALS		
	YEARLY	MONTHLY	WEEKLY	YEARLY	MONTHLY	WEEKLY
1	7,501	626	145	10,675	890	206
2	10,049	838	194	14,301	1,192	276
3	12,597	1,050	243	17,927	1,494	345
4	15,145	1,263	292	21,553	1,797	415
5	17,693	1,475	341	25,179	2,099	485
6	20,241	1,687	390	28,805	2,401	554
7	22,789	1,900	439	32,431	2,703	624
8	25,337	2,112	488	36,057	3,005	694
For each additional household member, add:	+2,548	+ 213	+49	+3,626	+ 303	+ 70

NOTE: The letter to parents must contain only the reduced price scale.

Conversion Factors

- if paid once a week, salary X 4.3 = monthly income
- if paid once every 2 weeks, salary X 2.15 = monthly income
- if paid two times a month, salary X 2 = monthly income
- monthly income X 12 = yearly salary



ATTACHMENT D

MASTER LIST OF ENROLLED CHILDREN

Enrolled	Withdrew	Child's Name	Household Size	Monthly Household Income	Eligibility Category		
					F	R	P
9/1/88		Jennifer Adams	2	\$ 750	X		
9/1/88		Jim Benson	FS	#32405	X		
9/1/88		Kimberly Brown	4	\$1126	X		
9/3/88		Angela Burton	AFDC	#637778	X		
9/7/88		Bobby Crane	3	\$1325		X	
<del>9/8/88</del>	<del>3/7/89</del>	<del>Cathy Dawson</del>	<del>3</del>	<del>\$1040</del>	<del>X</del>		
9/10/88		David Edwards	3	\$ 950	X		
9/10/88		Latisha Jefferson	FS	#78546	X		
10/1/88		Christy Lane	6	\$2360		X	
10/1/88		Melissa Meeker	3	\$1622			X
10/1/88		Jim Stevenson	AFDC	#344879	X		
10/15/88		Katie Swenson	2	\$ 837	X		
10/16/88		Nicole Thomas	5	\$3000			X
2/12/89		Brian Hewitson	8	\$2950		X	
2/13/89		Adam Strong	No Statement				X
2/14/89		Chris Devov	6	\$1522	X		
4/15/89		Michael Caputa	Incomplete Statement				X





U.S. DEPARTMENT OF AGRICULTURE  
FOOD AND NUTRITION SERVICEPLACE AN "X" IN  
BOX IF THIS IS AN  
ADJUSTED CLAIMCLAIM FOR REIMBURSEMENT  
CHILD CARE FOOD PROGRAM

Read INSTRUCTIONS carefully before completing claim.

☐

1. AGREEMENT NUMBER

2. NAME AND ADDRESS OF INSTITUTION

3. MONTH AND YEAR CLAIMED

MONTH

YEAR

4. TOTAL NUMBER OF DAYS FOOD  
SERVICE WAS PROVIDED FOR  
PERIOD CLAIMED.5. PERIOD COVERED BY CLAIM (Complete ONLY when claim includes 10 operating  
days or less in the prior month and/or 10 operating days or less in the following month.)

FROM

MO

DAY

YR

TO

MO

DAY

YR

6. TOTAL ATTENDANCE FOR CLAIM PERIOD

A. CHILD CARE CENTERS

B. OUTSIDE SCHOOL  
HOURS CENTERSC. ELIGIBLE PROPRIETARY  
TITLE XX FACILITIES7. TOTAL NO. OF ELIGIBLE PROPRIETARY TITLE XX CENTERS/  
FACILITIES OPERATING THIS CLAIM PERIOD.

## TOTAL NUMBER OF MEALS SERVED TO CHILDREN IN CHILD CARE CENTERS

A. BREAKFASTS

B. LUNCHESS

C. SUPPERS

D. SUPPLEMENTS

8. FREE

9. REDUCED

10. PAID

(REQUIRED FOR ALL CENTER CLAIMS)

11. TOTAL

12. TOTAL NUMBER OF CHILDREN ENROLLED IN  
CENTERS FOR THIS CLAIM PERIOD BY INCOME  
GROUP.

FREE

REDUCED

PAID

## TOTAL NUMBER OF MEALS SERVED TO CHILDREN IN DAY CARE HOMES

A. BREAKFASTS

B. LUNCHESS

C. SUPPERS

D. SUPPLEMENTS

13. TOTAL

## FAMILY DAY CARE HOME DATA

14. TOTAL ATTENDANCE  
FOR CLAIM PERIOD

DAY CARE HOMES

15. PROGRAM ADMINISTRATIVE COST

16. PROGRAM INCOME

17. ACTUAL NO. OF DAY CARE HOMES OPERATING  
THIS CLAIM PERIOD.18. CHILDREN ENROLLED IN HOMES FOR THIS  
CLAIM PERIOD

19. REMARKS

I CERTIFY that to the best of my knowledge and belief, this claim is true and correct in all respects, that records are available to support this claim, that it is in accordance with the terms of existing Agreement (s); I recognize that I will be fully responsible for any excess amounts which may result from erroneous or neglectful reporting herein. I further certify that claims submitted for meals served in Proprietary Title XX Centers are submitted for those centers having an average of 25% or more children receiving Title XX benefits enrolled for this claim period. I further certify that all claims for reimbursement shall be submitted to the Regional Office no later than the legislatively mandated deadline of 60 days after the end of the claim month. I understand that failure to submit claims within the 60 day deadline may result in such claims not being paid.

20. SIGNATURE OF AUTHORIZED REPRESENTATIVE

21. TITLE

22. PREPARATION DATE

MO DAY YEAR

FOR FNS  
USE ONLY

ADJUSTMENT/OVERRIDE CODE

ADJ. OVR

OFFICIAL SUBMISSION DATE

All receipts, invoices, and other evidence of purchase must be retained and available for future audit for a period of 3 years after the end of the fiscal year to which they pertain.

No further monies or other benefits may be paid out under this Program unless this report is completed and filed as required by existing regulations (7 C.F.R. 226)



**ATTACHMENT F**

**ENROLLMENT STATEMENT**

\_\_\_\_\_, age \_\_\_\_\_ is enrolled at  
(name of child)

\_\_\_\_\_  
(name of center/day care home)

\_\_\_\_\_  
(address of center/day care home)

Commencing on \_\_\_\_\_  
(month/day/year)

Signature: \_\_\_\_\_  
(parent/guardian)

Date: \_\_\_\_\_

---

**FOR CENTER/HOME USE ONLY**

Child Withdrawn on: \_\_\_\_\_  
(date)





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